



120 B West Third St.; Malvern, AR 72104

501)332-3638 Fax 501)332-7607

**OCCUPATIONAL LICENSE**  
**APPLICATION**

DATE: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Kind of Business or Occupation:** \_\_\_\_\_

\_\_\_\_\_

**Base rate:** \*\*\*\*\*\$150.00

**Each Branch:** \_\_\_\_\_ x \$50.00= \_\_\_\_\_

**Each Drive Thru:** \_\_\_\_\_ x \$50.00= \_\_\_\_\_

**Total Amount Due**\*\*\*\*\* \_\_\_\_\_

The statements contained in the above Occupation License Application are true and correct to the best of my knowledge.

- **PLEASE NOTE OUR NEW MAILING ADDRESS:  
120 B WEST THIRD STREET**

**SIGNATURE:** \_\_\_\_\_

**THIS LICENSE REQUIRED UNDER ORDINANCE NO. 5.08.110**